



MARTHA S. SWENSON  
MASTER COMMISSIONER OF THE REVENUE  
GREENSVILLE COUNTY  
1781 GREENSVILLE COUNTY CIRCLE, ROOM 132  
EMPORIA, VIRGINIA 23847

TELEPHONE (434) 348-4227  
FAX (434) 348-3189



## **IMPORTANT INFORMATION**

### **Tax Relief for Veterans**

### **100% Service Connected**

**Pursuant to Article X, Section 6-A of the Constitution of Virginia, the General Assembly exempted from taxation the real property, including the joint real property of husband and wife, of any veteran who has been rated by the U. S. Department of Veterans Affairs or its successor agency pursuant to federal law to have a 100 percent service-connected, permanent, and total disability and who occupies the real property as his principal place of residence. The exemption would apply to the principal residence (which is occupied by the Disabled Veteran) and land, not to exceed 1 acre.**

**The surviving spouse of a veteran eligible for the exemption set forth in this article shall also qualify for the exemption as long as the death of the veteran occurs on or after January 1, 2011, the surviving spouse does not remarry and the surviving spouse continues to occupy the real property as his/her principal place of residence.**

**The veteran or surviving spouse claiming the exemption under this article shall file with the commissioner of the revenue an affidavit or written statement setting forth the name of the disabled veteran and the name of the spouse, if any, also occupying the real property, indicating whether the real property is jointly owned by a husband and wife, and certifying that the real property is occupied as the veteran's principal place of residence. The veteran shall also provide documentation from the U. S. Department of Veterans Affairs or its successor agency indicating that the veteran has a 100 percent service-connected, permanent, and total disability. The veteran shall be required to re-file the information required by this section only if the veteran's principal place of residence changes. In the event of a surviving spouse of a veteran claiming the exemption, the surviving spouse shall also provide documentation that the veteran's death occurred on or after January 1, 2011.**



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**APPLICATION  
REAL PROPERTY TAX RELIEF  
FOR VETERANS WITH  
100% SERVICE-CONNECTED DISABILITIES**

**APPLICANT INFORMATION**

Name (Applicant/Owner):

Social Security #:

Phone #:

Name (Co-Owner/Spouse):

Social Security #:

Phone #:

Mailing Address

Property Address - Map Number:

**CERTIFICATION**

Certification from Veterans Administration of 100% Service Connected Disability attached or on file with  
Commissioner of the Revenue Yes \_\_\_

Is this property occupied as the principal residence by the qualifying veteran? Yes \_\_\_ No \_\_\_

Is this property occupied as the principal residence by the qualifying veteran's surviving spouse? Yes \_\_\_ No \_\_\_

Is this property jointly owned by the applicant and spouse? Yes \_\_\_ No \_\_\_ (if no, please describe ownership  
arrangement)

**Privacy Act Notice:** Disclosure of your social security number on this form is mandatory, as authorized by the Virginia State Code Section 58.1-3017. Social security numbers are regarded as confidential, and except as otherwise provided by law, will not be disclosed for any other purpose.

I (we) declare, under penalties provided by law, that this affidavit has been examined by me (us) and to the best of my (our) knowledge and belief is true, correct, and complete.

Signature of Applicant/Owner

Signature of Co-Owner/Spouse

Date

Signature of Preparer (if not applicant)

Relationship

Date

Day Time Phone Number



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Commissioner of the Revenue Yes \_\_\_

Is this property occupied as the principal residence by the qualifying veteran? Yes \_\_\_ No \_\_\_

Is this property occupied as the principal residence by the qualifying veteran's surviving spouse? Yes \_\_\_ No \_\_\_

Is this property jointly owned by the applicant and spouse? Yes \_\_\_ No \_\_\_ (if no, please describe ownership  
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Signature of Co-Owner/Spouse

Date

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Relationship

Date

Day Time Phone Number

**OFFICE USE ONLY**

Owner of Record:	Map Number:
Qualifies? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why:	Qualifies as: <input type="checkbox"/> Veteran 100% Service Related Disability

Land Value	
Building Value	
Total Value:	
Tax Rate:	
Total Taxes	
Amount of Relief	